Name in Full: Laura Mandy Anderson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town:

County: Howard

Date of death 1904: Month: April; Day: 10th

Age: Years: —; Months: 9; Days: 16

Sex: Female

Color or Race: Negress

Birthplace: Howard Co. Md.

Married, Single or Widowed: —

Occupation: —

Name of Wife or Husband: —

Father's Name: Oliver Anderson

Father's Birthplace: Howard Co Md.

Mother's Maiden Name: Mary Frances Johnson

Mother's Birthplace: Howd Co Md

Name of person giving Information: Oliver Anderson

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Whooping Cough — How long: 3 or 4 weeks

Immediate: Convulsions — How long: 18 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: William P. Hodges

Address: Ellicott City - Md.

Accident or Suicide?

LIBRARY BUREAU A99519

Name in Full: Hilda Clara Burgess

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Carrolls Manor — County: Howard —

Date of death 1904: Month: Apr. — Day: 24 — Age: Years — Months: 10 — Days: 8

Sex: Female — Color or Race: Colored — Birthplace: Carrols Manor

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

Father's Name: Joseph Burgess — Father's Birthplace: Carrolls Manor

Mother's Maiden Name: Mary Brannon — Mother's Birthplace: "

Name of person giving Information: Mother — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Broncho Pneumonia — How long: 4 days

Immediate: — — — — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Jno W Stabler M D

Address: West Friendship Howard Co: Md

Accident or Suicide? no

LIBRARY BUREAU A6881G

Name In Full — Certificate of Death

Laura Cosby

Died at Town: Jessup — County: Howard Co — MARYLAND

Date 1904 — Month: Apr. — Day: 16 — Age: Y. 65 M. D. — Native of: Md — Occupation: Housework

~~Male~~ Female — ~~White~~ Colored — ~~Married~~ ~~Single~~ — Widow ~~Widower~~ — ~~Divorced~~ — Number of children living

~~Husband~~ Wife of Wm Cosby

Father's Name: J. Waters — Mother's Maiden Name:

Cause of Death: Primary: Pneumonia — Immediate: Acclemia — How long sick: 9 days

~~Accident, Suicide, Homicide~~

Reported by: W. A. Taylor

Address: Laurel Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LITHARY BUREAU, 79-13

Name in Full

Certificate of Death

Unnamed

Died at Town Savage County Howard MARYLAND

Date 1894 Month Apr Day 29 | Age Y. 1 M. D. | Native of Md | Occupation Farm

~~Male~~ / Female | White / ~~Colored~~ | ~~Married~~ / ~~Single~~ / ~~Widow~~ / ~~Widower~~ / Divorced | Number of children living ~~Husband~~ / ~~Wife~~ of

Father's Name Elmer Clem | Mother's Name Mary Clem

Cause of Death: Primary Cyanosis 1/5/10 | How long sick one day

Immediate Malformation Heart | ~~Accident, Suicide, Homicide~~

Reported by W F Taylor

Address Laurel Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65565

Name in Full — Certificate of Death

Charles Daynaut

Died at — Town: Sawyer — County: Howard — MARYLAND

Date 189 4 — Month: April — Day: 24 — Age: Y. 3 M. D. — Native of: Md — Occupation: none

Male — ~~Female~~ — White — ~~Colored~~ — ~~Married~~ — ~~Single~~ — ~~Widow~~ — ~~Widower~~ — ~~Divorced~~ — ~~Number of children living~~

~~Husband~~ / ~~Wife~~ of

Father's Name: Scaff Daynaut — Mother's Name: Mary Daynaut

Cause of Death — Primary: Pneumonia — How long sick: 2 days

Immediate: Convulsions — ~~Accident, Suicide, Homicide~~

Reported by: 104 Taylor

Address: Laurel Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, MEDES

Name in Full: Sydney E. Denmar

Certificate of Death

Died at Town: Rowe County: Howard — MARYLAND

Date 1904 Month: Apr- Day: 7th | Age Y. 24 M. - D. - | Native of Maryland | Occupation Home Maid

~~Male~~ Female | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living None

Husband / Wife of West- Denmar-

Father's Name Samuel Smith | Mother's Maiden Name Susan Dorsey-

Cause of Death — Primary: Pulmonary Tuberculosis | How long sick 4 months -

Immediate: Exhaustion | ~~Accident, Suicide, Homicide~~

Reported by Jno W Yoke & Son

Address West: Friendship

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Gussie Floyd

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Colesville — County: Howard

Date of death 1904 — Month: Apr. — Day: 14 — Age — Years: 2 — Months — Days

Sex: Female — Color or Race: Black — Birthplace: Howard Co.

Married, Single or Widowed — Occupation

Name of Wife or Husband

Father's Name: Wm Floyd — Father's Birthplace: Balto

Mother's Maiden Name: Carrie Moore — Mother's Birthplace: Howard Co

Name of person giving Information: Carrie Floyd. — How related to deceased: mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: 6 mo.

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J R Smith.

Address: Laurel Md

Accident or Suicide?

LIBRARY BUREAU A69818

Fisher & Phair

Jamie Mc

To Bacon Chaffee Jr Bernal

A. A. Co

Name in Full: Mrs. Lenora Hobbs

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Rover — County: Howard

Date of death 190 4 — Month: Apr — Day: 26 — Age — Years: 80 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Howard Co.

Married, Single or Widowed: Widowed — Occupation: House Keeper

Name of Wife or Husband: Chas. A. Hobbs

Father's Name: Asbury Peddicord — Father's Birthplace: Maryland

Mother's Maiden Name: Eliza Rowles — Mother's Birthplace: Maryland

Name of person giving In formation: A. B. Hobbs — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Old age. General infirmities — How long: 2 Months

Immediate: — — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. W. Webb M.D.

Address: West Friendship Howard County Md.

Accident or Suicide? —

LIBRARY BUREAU A8810

01701131 25

Name in Full: Frances Ann Justice

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Savage — County: Howard Co

Date of death: Month: April — Day: 22 — 1904 — Age: Years: 81 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Baltimore Co

Occupation: House Wife — Where Residing if not at place of death: Savage

~~Married, Single~~ or Widowed — ~~Name of Wife or~~ Husband: Henry Justice

Father's Name: John Shipley — Father's Birthplace: Carroll Co

Mother's Maiden Name: Ariana Blanco — Mother's Birthplace: Carroll Co

Name of person giving Information: Sarah Cole — How related to deceased: Daughter

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic diarrhoea — How long: 6 mos

Immediate: Exhaustion — How long: 6 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. H. Peyerly

Address: Savage Md

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: Mariah W. Miller

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ellicott City — County: Howard

Date of death: Month: Apr. — Day: 29 — Year: 1904 — Age: Years: 52 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Md.

Occupation: House duties — Where Residing if not at place of death: —

Married, Single or Widowed: Widow — Name of Wife or Husband: S. Francis Miller

Father's Name: Attwood Blunt — Father's Birthplace: Md.

Mother's Maiden Name: Amanda F. W. Offutt — Mother's Birthplace: Md

Name of person giving information: Sidney Jr Blunt — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pleurisy & Pneumonia — How long: 9 days

Immediate: Heart failure — How long: one hour

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: B. J. Byrne

Address: Ellicott City, Md.

Accident or Suicide?

LIBRARY BUREAU A6MD16

Name in Full: Joseph Mitchell

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Sandville | County: Howard

Date of death 1904: Month: April | Day: | Years: Age 21 | Months: | Days:

Sex: Males | Color or Race: Col- | Birthplace: N. C.

Married, Single or Widowed: No. | Occupation: Laborer.

Name of Wife or Husband:

Father's Name: Jno Mitchell | Father's Birthplace: N. C.

Mother's Maiden Name: Celia — | Mother's Birthplace: " "

Name of person giving information: Ruth Wood | How related to deceased: Nurse

CAUSES OF DEATH

Primary: Stomach Trouble | How long: 2 Months

Immediate " " | How long: 2 Hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas R Bigham

Address: County Physician

Accident or Suicide?

Ex Coroner

LIBRARY BUREAU A86516

Name in Full: James Robert Mollinex

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: — County: Howard

TO BE ANSWERED BY NEAREST FRIEND

Date of death	Month	Day	Years	Months	Days
1904	April	24th	Age 69	11	

Sex: male — Color or Race: white — Birthplace: Maryland

Occupation: Farmer — Where Residing if not at place of death: at place of death

Married, Single or Widowed: widowed — Name of Wife or Husband:

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Imformation: James W Iglehart — How related to deceased: nephew

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart disease — How long: 3 years

Immediate: some — How long:

Are the name, age, sex, color, date and place correctly given above? yes — Signature of Physician: Arthur Williams

Address: Elk Ridge Howard Co Maryland

Accident or Suicide? no

LIBRARY BUREAU A88016

Name in Full

Certificate of Death

Mrs Caroline Moxley

Died at Town: alpha County: Howard MARYLAND

Date 1904 Month: april Day: 26th | Age Y.: 71 M.: 11 D.: 18 | Native of: Md | Occupation: Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 6

~~Husband~~ Wife of Charles. T. Moxley

Father's Name Bazel R. Mullineaux | Mother's Maiden Name Sarah A. Edelin

Cause of Death — Primary: Valvular disease & Nephritis | How long sick: over 2 yrs

Immediate: oedema lungs

Reported by Benj. F. Shipley M. D

Address alpha Howard Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 70894

Name in Full

Certificate of Death

Charles Roberts

Town

County

Died ~~at~~ near Highland Howard MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
March	19	78	6	18	Clarksville	Retired Waiter

Date 1924

Male ~~Female~~ ~~White~~ Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name Henry Roberts

Mother's Name Matilda Roberts

Cause of Death — Primary: Arthritis Deformans — How long sick: many years

Immediate: Grip & Pneumonia — Accident, Suicide, Homicide

Reported by Doug Stabler, M.D.

Address Brighton Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78708

Name in Full

Certificate of Death

Town

County

Died at

MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 19		Age				

~~Male~~ / Female

White / ~~Colored~~

Married / ~~Single~~

Widow / Widower

Divorced

Number of children living

Husband of
Wife

Father's Name

Mother's Maiden Name

Cause of Death: Primary

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Thomas. Selby –

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Howard Co. County: Howard –

Date of death 1904: Month: Apr. Day: 26 Years: Age 84 Months: — Days: 8

Sex: Male Color or Race: White Birthplace: Maryland

Married, Single or Widowed: Widower Occupation: Farmer

Name of Wife or Husband: Mary Neal

Father's Name: Thomas Selby Father's Birthplace: Maryland

Mother's Maiden Name: Don't Know Mother's Birthplace: —

Name of person giving Information: Joseph Selby How related to deceased: Nephew –

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General Infirmities How long: 6 mo.

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jas. W. Abbott & Son

Address: West Friendship Howard Co. Md.

Accident or Suicide? —

LIBRARY BUREAU A68918

Name in Full

Certificate of Death

Died at Town: Mar Hrngton County: Howard Co MARYLAND

Date 1904 Month: Apr. Day: 24 | Age Y. 8 M. 9 D. 2 | Native of Howard Co | Occupation

Male / ~~Female~~ | White / ~~Colored~~ | Married / Single | Widow / Widower | Divorced | Number of children living

Husband of / Wife

Father's Name: Frank Stonlitz

Mother's Name: Mary Stonlitz

Cause of Death — Primary: Pneumonia Secondary

Immediate: Effects of same

How long sick

Accident, Suicide, Homicide

Reported by: C. H. Effinger M.D.

Address: Sykesville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Philip Douglas Turner

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Ilchester; County: Howard

Date of death 1904: Month: April; Day: 8th

Age: Years: —; Months: —; Days: 8 -

Sex: male; Color or Race: collent; Birthplace: Ilchester

Married, Single or Widowed:

Occupation:

Name of Wife or Husband:

Father's Name: Philip Douglas Turner; Father's Birthplace: Ilchester

Mother's Maiden Name: Susie Johnson; Mother's Birthplace: Roanoke Va.

Name of person giving Information: Philip Douglas Turner; How related to deceased: father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: How long:

Immediate: general weakness; How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of ~~Physician~~: Bernard H. Wallenhorst M.D.

Address: Ellicott City Md.

Accident or Suicide?

LIBRARY BUREAU A66016